FORM D

0230131

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPF	ROVAL
OMB Number:	3235-0076
Expires: Decem	ber 31, 1996
Estimated average	e burden
hours per respons	se 16.00

SEC USE ONLY								
Prefix	efix Seria							
DATE RECEIVED								

Name of Offering (check if this is an ar	nendment and name has	changed, and indic	ate change.)		
Offering of 12% senior subordin		-		tock purchase warra	ants.
Filing Under (Check box(es) that apply):	☐ Rule 504	□ Rule 505	☑ Rule 506	5 □ Section 4(6)	□ ULOE
Type of Filing: ☑ New Filing □	Amendment				
	A. BASIC	IDENTIFICATIO	N DATA		
1. Enter the information requested about t	he issuer				
Name of Issuer (☐ check if this is an ame	ndment and name has ch	anged, and indicate	change.)	AAIL	18
Comdial Corporation				CEC TO SECEIVE	
Address of Executive Offices	(Number	and Street, City, St	ate, Zip Code)	Telephone Number (Incl	uding Area Code)
106 Cattlemen Road, Sarasota, I	lorida 34232			(941) 922 3800 🖁 🖇	inna Kil
Address of Principal Business Operations	(Number	and Street, City, St	ate, Zip Code)	Telephone Number (Incl	uding Area Code)
(if different from Executive Offices)				L You	
Brief Description of Business				1000	Circ
Telephone systems					
Type of Business Organization					DDOOFOOR
☑ corporation	☐ limited partnership,	already formed		☐ other (please specify):	PROCESSED
☐ business trust	☐ limited partnership,	to be formed		_	1 007 0 0 0000
<u> </u>	•	Month	Year		\ \ \OC \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Actual or Estimated Date of Incorporation	or Organization:	0 4 8	2	Actual	THOMSON FINANCIAL
Jurisdiction of Incorporation or Organizat	ion: (Enter two-letter l	J.S. Postal Service	abbreviation fo	r State: D	E
	CN for Canada:	FN for other foreign	n inrisdiction)		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.



ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:

of the issuer;						
		of corporate issuers and of	corporate general and ma	anaging partners o	f partne	ership issuers; and
		of partnership issuers.				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	□(General and/or Managing Partner
Full Name (Last name first.	, if individual)					
Branica, Nickolas A.	,					
Business or Residence Adda	ress (Number and	Street, City, State, Zip Cod	e)			
Comdial Corporation	, 106 Cattleme	en Road, Sarasota, Fl	orida 34232			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first,	, if individual)					
Schlitt, Sanford						
Business or Residence Addr	ress (Number and	Street, City, State, Zip Cod	e)			
In care of Comdial C	orporation, 10	6 Cattlemen Road, S	arasota, Florida 34	232		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner ☐	Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first,	, if individual)					
Provow, Travis Lee						
Business or Residence Addr	ress (Number and	Street, City, State, Zip Cod	e)			
Commonwealth Asso	ciates, L.P., 83	0 Third Avenue, New	York, NY 10022			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑Director		General and/or Managing Partner
Full Name (Last name first,	, if individual)					
Wynne, Joseph						***
Business or Residence Adda	ress (Number and	Street, City, State, Zip Cod	e)			
Commonwealth Asso	ciates, L.P., 83	0 Third Avenue, New	York, NY 10022			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first,	, if individual)					
Rosenbloom, Keith						•
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Cod-	e)			
Commonwealth Asso	ciates, L.P., 83	0 Third Avenue, New	York, NY 10022			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first,	, if individual)					
Suijk, Paul K.	***************************************	, 8 , 9 , 11 + 1 - 18		55-84		
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code	e)			
Comdial Corporation	, 106 Cattleme	n Road, Sarasota, Fl	orida 34232			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					
Noack, Kenneth W.						

Business or Residence Address (Number and Street, City, State, Zip Code)

Comdial Corporation, 106 Cattlemen Road, Sarasota, Florida 34232

Check Box(es) that Apply: ☐ Promoter		☐ Beneficial Owner	☑ Executive Officer	□Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Dyer, Ralph R.					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e)		
Comdial Corporation	, 106 Cattleme	en Road, Sarasota, Fl	orida 34232		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		-	"	
Luke, Carla K.					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e)		
Comdial Corporation	, 106 Cattleme	en Road, Sarasota, Fl	orida 34232		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	Street, City, State, Zip Cod	e)		

					B. IN	FORMAT	ΓΙΟΝ ABO	UT OFFE	RING					
1.	Has the	issuer sold	, or does th				redited inve ix, Column						Yes	No ☑
2.	What is	the minim	um investm	ent that wi	II be accept	ed from an	y individua	! ?						
3. 4.	Enter the or similisted is of the b	ne informat lar remuner s an associa broker or de	ion request ation for so ted person	ed for each olicitation of or agent of ore than five	person who f purchase a broker or e (5) perso	o has been rs in conne dealer reg ns to be lis	or will be pection with gistered with steed are asso	oaid or give sales of sec the SEC a	en, directly curities in t and/or with	or indirectl he offering a state or s	y, any com If a perso tates, list th	mission on to be ne name	Yes ☑	No
			irst, if indiv	•	DC I D									
			LTH ASS Address (N			State 7:	Cada							••••
			NUE, NE		•	•	(Code)							
			oker or Dea		,									
Sta			Listed Has tates" or ch				rchasers						☑ All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI [MS [OR [WY	[1]	ID j MO] PA] PR]
Ful	l Name (Last name f	īrst, if indiv	vidual)							·			
Bus	siness or	Residence A	Address (N	umber and	Street, City	, State, Zip	Code)							
Naı	me of As	sociated Bro	oker or Dea	ler						, , , , , , , , , , , , , , , , , , , 				
Sta			Listed Has tates" or ch											States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	N] [N	ID] MO] PA] PR]
Ful	l Name (Last name f	irst, if indiv	vidual)										
Bus	siness or	Residence A	Address (N	umber and	Street, City	, State, Zip	Code)							
Naı	me of As	sociated Bro	oker or Dea	ler								*******		
Sta	(Cl	neck "All S		eck individ	ual States).		rchasers						□ All 5	

[VT] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

[ME]

[NY]

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[OR]

[WY]

[IL]

[MT]

[RI]

[IN]

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[NH]

[TN]

[IA]

[NV]

[SD]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	***************************************	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify) notes and common stock purchase warrants	\$ <u>2,000,000.00</u>	\$ <u>2,000,000.00</u>
	Total	\$ <u>2,000,000.00</u>	\$ 2,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$2,000,000.00
	Non-accredited Investors	0	\$none
	Total (for filings under Rule 504 only)	0	\$ <u>n/a</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		D. II.
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		□ \$
	Printing and Engraving Costs		□ \$
	Legal Fees		310,000.00
	Accounting Fees		□ \$
	Engineering Fees		
	Sales Commissions (specify finders' fees separately) 7% of proceeds Placement agent will a trrants to purchase common shares equal to 10% of the common shares underlying warrantercised		☑ \$ <u>140,000.00</u>
ex.	Other Expenses (Specify)		□\$
	Total		☑ \$150,000.00

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES AND USE	OF	PROCEEDS		
	b. Enter the difference between the aggregate offering p and total expenses furnished in response to Part C - C gross proceeds to the issuer."	Question 4.a. This difference is the "adjusted			\$ <u>1,</u>	<u>850,000.00</u>
5.	Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any purcheck the box to the left of the estimate. The total of gross proceeds to the issuer set forth in response to Part	rpose is not known, furnish an estimate and the payments listed must equal the adjusted		Payments to		Payments To
				Officers, Directors, & Affiliates		Others
	a. Salaries and fees			\$	_ □	\$
	b. Purchase of real estate			\$	_ 🗆	\$
	c. Purchase, rental or leasing and installation of machine	ery and equipment		\$		\$
	d. Construction or leasing of plant buildings and facilities	es		\$	🗆	\$
	e. Acquisition of other businesses (including the value of be used in exchange for the assets or securities of another			\$	🗆	\$
	f. Repayment of indebtedness			\$		\$
	g. Working capital			\$	Ø	\$ <u>1,850,000.00</u>
	h. Other (specify):			\$	_ 0	\$
				\$		\$
	Column Totals					
	Total Payments Listed (column totals added)				— 850,000	
	,			_ +		
	D.	FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnish formation furnished by the issuer to any non-accredited inv	to the U.S. Securities and Exchange Commiss	sion			
Iss	uer (Print or Type)	Signature	_	Date	10/	/02
_	omdial Corporation			$\supset \bot$		· · · · · · · · · · · · · · · · · · ·
	j.	Title of Signer (Print or Type)				
Pa	rul K. Suijk	Sr. Vice President and Chief Fina	ınc	nal Office	r	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? Not applicable. See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date 10/ / /02
Comdial Corporation	
Name (Print or Type)	Title (Print or Type)
Paul K. Suijk	Sr. Vice President and Chief Financial Officer

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				A	PPENDIX				
1	Intend to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C - Item 1)		Type of investor and amount purchased in State (Part C - Item 2)				
State	Yes	No	12% senior subordinated secured promissory note and common stock purchase warrants	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со									:
CT									
DE									
DC									
FL									
GA									
HI									
ID		-							
IL									
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IA									
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	APPENDIX										
1		2	3			4		5			
	Intend to sell to non-accredited investors in State (Part B - Item 1) Type of security and aggregate offering price offered in state (Part C - Item 1)			Type of investor and amount purchased in State (Part C - Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)		
State	Yes	No	12% senior subordinated secured promissory note and common stock purchase warrants	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NJ											
NM											
NY		X	\$2,000,000.00	1	\$2,000,000.00	none	none	n/a	n/a		
NC											
ND											
ОН	,										
OK											
OR											
PA											
RI											
SC											
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